



X-Ray images are often vital in helping Dr. Judge diagnose respiratory problems and excluding other medical conditions.

“With advancing age comes the need to be more vigilant and alert than ever,” says Dr. Dave Judge of the Allergy, Asthma & Sinus Center in Cary, North Raleigh, and Wake Forest. He is certified in pediatrics and allergy and immunology.

“One of the problems I see with far too much frequency is mis-diagnosis,” he says. “I have patients in their 60s, 70s, and 80s coming to me with persistent coughs that have lasted for a long time. One 80-year-old man who came recently has had a persistent cough for *ten years*.”

“Often, these patients believe they have bronchitis, an inflammation of the bronchi usually caused by infection. Typically—often frequently—they have been treated with antibiotics, and given cough medicine. And yet the cough keeps recurring, and so they continue taking the cough medicine for very long periods. Sometimes years.

“After lung function testing, we often find these patients do not have bronchitis at all—they have asthma. People often do not realize that allergic diseases including asthma can have a late onset. The patient with the recurrent cough over a 10-year period had asthma. When we put him on asthma medication, his cough completely cleared up within a week.”

FOOD ALLERGIES

Dr. Judge offers seniors another alert: “Food allergies are not very common in seniors, and should not be blamed for symptoms of stomach upset or change in bowel habits until other more common causes are evaluated,” he cautions. “The symptoms associated with food allergies such as cramping and diarrhea may be caused by a variety of other

mechanisms. Even people with other allergies, such as seasonal hay fever, should not assume that their stomach distress is caused by a food allergy. Persistent gastrointestinal symptoms may indicate a much more serious problem. A physician should evaluate them promptly.”

More than food allergies, insect stings may be a problem for older people, says Dr. Judge. “Although children may spontaneously lose sensitivity to insect stings, this doesn’t seem to be true for adults. Additional stresses on the heart and cardiovascular system that occur with aging may make insect sting reactions more dangerous.

“Seniors need to be concerned when allergies are present along with other illnesses. This requires careful investigation by the allergist and the primary care physician. The patient has a key role to play—by ensuring that all of his doctors and caregivers are fully informed of his condition, of all of his health diagnoses, and especially of all medications he may be taking. It’s important that this be a team effort—to avoid the possibility of really serious problems.”

Diagnosing Asthma in Older Patients

“People often do not realize that allergic diseases including asthma can have a late onset.”



ASTHMA UNTIL PROVEN OTHERWISE

Asthma is treated differently than bronchitis because it isn’t an infection, but rather a narrowing of the airways in response to stimuli that don’t affect the airways in normal lungs.

Even smoker’s cough, Dr. Judge says, “in many instances turns out to be asthma. We all know that smoking is damaging to a person’s health, but it is not always the only cause of a smoker’s cough.”

People who believe they have recurrent bronchitis are well advised to check their condition with a specialist in allergies and asthma, Dr. Judge advises. “If someone has a wheezing episode every time they get a cold—they probably have asthma. If a small child starts wheezing every time they get a cold, along with a cough,

they may well have asthma—especially if there is a history of asthma within the family. Many people who have been free of asthma their entire lives may develop the problem in middle age or older, and at that point, the condition can be complicated by general health problems, high levels of stress, heartburn, perhaps hypertension, or interaction of needed medications that conflict with drugs the patient is already taking. In fact, certain hypertension medicine produces asthma-like symptoms.

“So in my view,” says the doctor, “when people get a cold and it moves into their chest, and they get a nagging persistent cough, or a child has whooping cough—all of these cases to me are asthma until proven otherwise. I believe that this medical perspective best serves the interests of the patient.”

MEDICATIONS FOR SENIORS

Dr. Judge notes that it is also important to match medication to the patient with great care. “How medications work in the senior patient’s body may differ from the same medication in the body of a younger person. Sometimes, we have to use different forms of the same medication. Coexisting arthritis, for example, may make it difficult for a patient with asthma to use a hand-activated metered dose inhaler. Or perhaps it will be easier for the patient to swallow a liquid medicine rather than a pill, assuming both are equally effective. Dosages of medication must sometimes be adjusted due to differences in seniors’ metabolism of the drugs or changes in sensitivity of the various organ systems. Even the amount of sleep the patient gets can influence the effectiveness of medications. Sleep patterns may change with age and the effect of asthma medications on sleep must be carefully evaluated. There are many factors to consider.” **lwh**

For more information about diagnostic and treatment options for allergies, asthma, and sinus conditions, contact:

ALLERGY, ASTHMA & SINUS CENTER, PA

Gurdev (Dave) Judge, MD
Stacey Schiller Little, PA-C

CARY OFFICE

401 Keisler Drive, Suite 201
Cary, NC 27518

Telephone: (919) 859-5966

NORTH RALEIGH OFFICE

10931 Raven Ridge Road, Suite 111
Raleigh, NC 27614

Telephone: (919) 870-6440

WAKE FOREST OFFICE

1906 S. Main Street
Wake Forest, NC 27587

Telephone: (919) 562-7195